PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10720768

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			12					RATE	FEE	7	RATE	FEE
FC	DR		NUMBER FILED .		NUMBER EXTRA			BASIC FEE	 		BASIC FEE	
TC	OTAL CHARGEA	ABLE CLAIMS	12 minus 20=		*			X\$ 9=			7/2/2	
\vdash	DEPENDENT CL				*5					OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
! —		NDENT CLAIM P		1103 0 -	5			X43=	215	OR	X86=	
								+145=		OR	+290=	
* ļf	the difference	e in column 1 is	less than ze	∍ro, enter	"0" in c	column 2	. •	TOTAL	600	OR	TOTAL	
	С		'WENDED	ENDED - PART II								THAN ENTITY
_	1	(Column 1)		(Colun		(Column 3)	1 r	SIMPLE		Un:	2111722	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
Ĺ	FIRST PRESENTATION OF MULTIPLE			DEPENDENT CLAIN				+145=			+290=	
									:	OR		
					•		Á	TOTAL ADDIT. FEE		OR	TOTAL ADDIT: FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Ind pendent	*	Minus	***		=]	X43=		OR	X86=	
	FIRST PRESE	ILTIPLE DEP	ENDENT	CLAIM		 	. 4 45			7		
							L	+145=		OR	+290=	
•							A	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	c.
	Independent	<u> </u>	Minus	*** ;		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM		┞					
* H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+145=		OR :	+290=	
** If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r four	nd in the app	ropriate box	in coli	umn 1.	